

Borders NHS Board**SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD
FORMAL WRITTEN DIRECTIONS 2016/17****Aim**

To advise the Board on the written directions issued to NHS Borders by the Scottish Borders Health and Social Care Integration Joint Board (IJB) and to make a recommendation that these be accepted.

Background

The Board at its meeting on the 7th April 2016 approved the provision of resource for the functions delegated to the Scottish Borders Health and Social Care Integration Joint Board as detailed in the Integration Scheme. This amounted to a total resource of £110.747m including amounts set aside for large hospital provision, and subject to final confirmation of the Boards Local Delivery Plan due for submission to Scottish Government on the 31st May 2016.

Subsequent to the Board's approval NHS Borders wrote to the IJB informing them of the totality of resources to be made available to them during 2016/17.

The Health and Social Care Integration Scheme for the Scottish Boards notes at Section 4.1 (Local Operational Delivery Arrangements), that the IJB is responsible for the strategic planning and oversight of the delivery of the services related to the functions delegated to it. Indeed the Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) places a duty on Integration Authorities to develop a "strategic plan" (also known as a strategic commissioning plan) for integrated functions and budgets under their control.

The mechanism for implementing the strategic commissioning plan within the context of resources provided is laid out in sections 26 to 28 of the Act. This mechanism takes the form of a set of binding directions to be issued by the Integration Authority, in our case the IJB, to the Health Board and Local Authority.

A good practice note was also issued to Health and Social Care partners in March 2016 by the Scottish Government in order to support Integration Authorities in the development of directions which laid out the form and content that directions should take.

Scottish Government Good Practice Note on Directions

The Good Practice Note is provided for reference at Appendix B, of particular note in relation to the Act, the guidance recommends that:

- Direction must be in writing.
- Directions should provide a clear framework for operational delivery of the functions delegated. They must include detailed information on the financial resources that are available for the functions and how they are to be used.
- Direction must be given in respect of every function that has been delegated to the IJB.
- The exercise of each delegated function should be described in terms of delivery of services, achievement of outcomes or by reference to the strategic commissioning plan.

The guidance goes on to note that:

- Decisions on the level of financial resource allocated to each function is a matter for the IJB to determine, this includes sums set aside in relation to large hospital functions, and is intended to give the IJB flexibility to direct how much of the sum set aside is to be used for large hospital services.
- Directions will remain in place until varied, revoked, or superseded by later directions. On that basis directions do not have a fixed timescale and can be revised during the year in response to developments.

It is clear that the intention is that directions form a bridge between the strategic commissioning plan of the IJB, the health and well-being aspiration of the overall integration agenda, and the resource provided to respective organisations in relation to functions delegated and the services delivered. It would seem clear that directions are therefore a key instrument in ensuring that the resources available to the IJB are directed effectively to the achievement of the agreed strategic and operational objectives.

It is also apparent that directions will be central in terms of the operational and performance management arrangements for services during the course of this and all future years, particularly in response to emerging in year issues and/or pressures.

Local Directions Issued to NHS Borders

At its meeting on the 18th April 2016 the Integration Joint Board was asked to consider and subsequently approved formal written direction to be issued to both the Health Board and the Scottish Borders Council. Based on this paper NHS Borders is advised of its directions in relation to delegated functions and resource available.

The IJB paper (Appendix A) notes that for year one, the focus for the IJB is on continued delivery of current services in line with the Commissioning and Implementation Plan, and as this plan is developed over time the IJB will determine future priorities for service delivery and these will inform directions to be issued in future, specifically year two and all subsequent years.

The IJB notes that directions need to be formed in conjunction with NHS and Local Authority partners to ensure a collectively agreed approach in translating these into action.

To that end and to ensure a level of continuity in service delivery and financial stability the IJB have adopted a very pragmatic approach to directions issued in the first full year of integration, specific direction issues were:

“Scottish Borders Council and Borders Health Board are directed to continue to deliver services pursuant to the functions delegated to the Integration Joint Board in line with the Integration Joint Board’s Strategic Plan and notional budgets for 2016-17 as advised by the Chief Officer, pending any further directions from the Integration Joint Board, it’s committees or the Chief Officer on its behalf acting under delegated authority”

The IJB paper also outlines the resources to be made available to NHS Borders. At 1st April 2016, the services relating to the functions that will be delivered by Borders Health Board, together with the resources available to support this delivery are detailed as follows:

Function to be delivered	£000
Learning Disability	3,599
Mental Health	14,015
GP Prescribing	22,437
General Medical Services	16,933
Non-Cash Limited Service	5,524
Other Generic Primary & Community Services	24,845
Total Resources	87,353

It is important to note that as anticipated the totality of resources made available to the IJB during 2016/17 have been included in directions issued to NHS Borders (excluding the social care fund), and this includes a savings requirement of £4.239m, and a further reduction in ring fenced allocations of £0.471m. Both amounts have been included in revenue assumptions and overall efficiency planning to date and do not represent a further efficiency challenge to NHS Borders above our agreed programme of £11.451m.

The social care fund has been retained by the IJB in full and the detailed paper on directions notes that funding will be utilised by the IJB in line with the John Swinney letter of 27th January 2016, and that a decision on the future application of any uncommitted funds was a decision for the IJB alone, and that further direction would issued in due course.

The IJB paper does not note the direction of resources associated with the set aside budgets.

Key Issues

The Board should note that directions have been issued to the Health Board in line with the requirements as outlined in both the Public Bodies (Joint Working) (Scotland) Act 2014 and associated Good Practice Note, and the Scottish Borders Health and Social Care Integration Scheme. The following key issues should be noted by the Board:

- Resources and the indication of their use has been provided in summary form by the IJB and these are consistent with NHS Borders expectations, and the assumptions that the Health Board have made during its budget setting process for 2016/17.

- In the IJB directions reference is made to the IJB's Commissioning and Implementation Plan, although there is little direction in terms of outcomes relating to the plan. The IJB have advised that more detail will be provided during the course of 2016/17 and as the partnership matures and detailed delivery plans emerge.
- There is a clear indication within the guidance issued on directions that these should include some reference to or indication on the performance framework that will be applied in relation to future ongoing performance management discussion. It is clear that the IJB needs to work closely with its integration partners on the development of a robust performance management framework consistent with the strategic aspiration of the IJB as a matter of some priority. Both best practice guidance and the integration scheme note the performance against a plan should inform future direction issued and represent the mechanism for ensuring that correction action is taken where actual performance differs from expected.

Recommendations

The Board is asked to:

- **Note** the Scottish Government best practice note on the form and content direction should take.
- **Accept** directions as issued by the IJB.
- **Note** the requirement for further detailed work with partner organisations establishing an appropriate performance management framework.

Policy/Strategy Implications	Supports provisions outlined in the agreed scheme of integration for the direction to be issued to integration partners.
Consultation	Highlights nationally recommended good practice, in line with integration scheme
Consultation with Professional Committees	Highlights nationally recommended good practice, in line with integration scheme
Risk Assessment	Key issues detailed in report
Compliance with Board Policy requirements on Equality and Diversity	Complete
Resource/Staffing Implications	N/A

Approved by

Name	Designation	Name	Designation
Carol Gillie	Director of Finance, Procurement, Estates & Facilities		

Author(s)

Name	Designation	Name	Designation
Kirk Lakie	Senior Finance Manager		



ISSUE OF DIRECTIONS FROM INTEGRATION JOINT BOARD 2016-17

Aim

- 1.1 To issue formal directions to Scottish Borders Council and NHS Borders Health Board in relation to the delivery of health and social care services in 2016-17, to support the delivery of the first year of the Strategic Plan.

Background

- 2.1 The legislation laid out in the Public Bodies (Joint Working) (Scotland) Act 2014, requires the Integration Joint Board (IJB) to formally issue Directions to the two public bodies within the partnership. For year one, the focus is on continued delivery of current services in line with the Commissioning and Implementation Plan.
- 2.3 As the Partnership develops this plan, the IJB will determine future priorities for service delivery and these will inform the Directions to be issued in year two and subsequent years. The Directions need to be formed in conjunction with the NHS and the Council to ensure a collectively agreed approach in translating these into action.

Summary

- 3.1 It is proposed that the Directions are issued as follows:

“Scottish Borders Council and Borders Health Board are directed to continue to deliver services pursuant to the functions delegated to the Integration Joint Board in line with the Integration Joint Board’s Strategic Plan and notional budgets for 2016-17 as advised by the Chief Officer, pending any further directions from the Integration Joint Board, it’s committees or the Chief Officer on its behalf acting under delegated authority”

- 3.2 The attached paper provides the detailed document to be issued, which provides details of the functions that are included and the associated financial resources for each.

Recommendation

The Health & Social Care Integration Joint Board is asked to **approve** the Directions and instruct the Chief Officer to issue these on the IJB’s behalf.

Policy/Strategy Implications	Compliance with the Public Bodies (Joint Working) Act 2014
Consultation	Scottish Borders Council and Borders Health Board Directors of Finance, Chief Executives and the Chief Officer.
Risk Assessment	As detailed within the Scheme of Integration.
Compliance with requirements on Equality and Diversity	Compliant
Resource/Staffing Implications	N/A

Approved by

Name	Designation	Name	Designation
Susan Manion	Chief Officer, Health & Social Care Integration		

Author(s)

Name	Designation	Name	Designation
Sandra Campbell	Programme Manager	Paul McMEnamin	Interim Chief Financial Officer - IJB



ISSUE OF DIRECTIONS FROM INTEGRATION JOINT BOARD 2016-17

1 Functions Delegated to the Integration Joint Board

- 1.1 The functions that are delegated by Borders Health Board to the Integration Joint Board are set out in Appendix 2 of the Health and Social Care Integration Scheme for the Scottish Borders. The services to which these functions relate, which are currently provided by Borders Health Board and which are to be integrated, are set out in Part 2 of Appendix 2.
- 1.2 The functions that are delegated by Scottish Borders Council to the Integration Joint Board are set out in Part 1 of Appendix 3. The services to which these functions relate, which are currently provided by Scottish Borders Council and which are to be integrated, are set out in Part 2 of Appendix 3.
- 1.3 The Integration Joint Board has oversight of the functions delegated to it and of the performance of the services related to those functions and will have provided to it, the necessary resources to undertake the functions delegated with the appendices to the Scheme.

Borders Health Board

- 1.4 The functions **delegated by Borders Health Board to the Integration Joint Board**, as set out in the Scheme of Integration Appendix 2, are shown below:

	Service
1.	Accident and Emergency services provided in a hospital.
2.	Inpatient hospital services relating to the following branches of medicine—
3.	(a) general medicine;
	(b) geriatric medicine;
	(c) rehabilitation medicine;
	(d) respiratory medicine; and
	(e) psychiatry of learning disability.
4.	Palliative care services provided in a hospital.
5.	Inpatient hospital services provided by General Medical Practitioners.
6.	Services provided in a hospital in relation to an addiction or dependence on any substance.
7.	Mental health services provided in a hospital, except secure forensic mental health services.
8.	District nursing services.

9.	Services provided out with a hospital in relation to an addiction or dependence on any substance.
10.	Services provided by allied health professionals in an outpatient department, clinic, or out with a hospital.
11.	The public dental service.*
12.	Primary medical services provided under a general medical services contract, and arrangements for the provision of services made under section 17C of the National Health Service (Scotland) Act 1978, or an arrangement made in pursuance of section 2C(2) of the National Health Service (Scotland) Act 1978.*
13.	General dental services provided under arrangements made in pursuance of section 25 of the National Health (Scotland) Act 1978.*
14.	Ophthalmic services provided under arrangements made in pursuance of section 17AA or section 26 of the National Health Service (Scotland) Act 1978.*
15.	Pharmaceutical services and additional pharmaceutical services provided under arrangements made in pursuance of sections 27 and 27A of the National Health Service (Scotland) Act 1978.*
16.	Services providing primary medical services to patients during the out-of-hours period.
17.	Services provided out with a hospital in relation to geriatric medicine.
18.	Palliative care services provided out with a hospital.
19.	Community learning disability services.
20.	Mental health services provided out with a hospital.
21.	Continence services provided out with a hospital.
22.	Kidney dialysis services provided out with a hospital.
23.	Services provided by health professionals that aim to promote public health.

**Functions exercisable in relation to the health care services set out in paragraphs 11-15 above are delegated in relation to persons of any age and for the purposes of this Integration Scheme therefore include reference to "universal children's health services".*

- 1.5 The total resources delegated by Borders Health Board to the Integration Joint Board, in respect of the above functions, for 2016/17 is:

	£m
Total funding delegated by Borders Health Board	92.619

Scottish Borders Council

- 1.6 The functions **delegated by Scottish Borders Council to the Integration Joint Board**, as set out in the Scheme of Integration Appendix 3, are shown below:

Functions Delegated by Scottish Borders Council to the IJB	
	Service
1.	Social work services for adults and older people
2.	Services and support for adults with physical disabilities and learning disabilities
3.	Mental health services
4.	Drug and alcohol services
5.	Adult protection and domestic abuse
6.	Carers support services
7.	Community care assessment teams
8.	Support services
9.	Care home services
10.	Adult placement services
11.	Health improvement services
12.	Aspects of housing support, including aids and adaptations
13.	Day services
14.	Local area co-ordination
15.	Respite provision
16.	Occupational therapy services
17.	Re-ablement services, equipment and telecare

- 1.7 The total resources delegated by Scottish Borders Council to the Integration Joint Board, in respect of the above functions, for 2016/17 is:

Total funding delegated by Scottish Borders Council	£m 46.531
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- 1.8 The total resources delegated to the Integration Joint Board in respect of functions delegated for 2016/17 therefore amounts to £139.15m. This is supplemented by £18.128m notional resources retained by Borders Health Board and set-aside for large hospital services. This total resource envelope was agreed by the Integration Joint Board on the 30th March 2016.
- 1.9 Neither Borders Health Board nor Scottish Borders Council may reduce the payment in-year to the Integration Joint Board to meet exceptional unplanned costs within the constituent authorities, without the express consent of the Integration Joint Board and constituent authorities for any such change.
- 1.10 Where appropriate supplementary resources are identified or received by Borders Health Board or Scottish Borders Council e.g. as a result of RSG redetermination, these will be passed on to the Integration Joint Board through increasing the level of budgets delegated to it.
- 1.11 As per section 4.6.4 of the Integration Scheme, the Integration Joint Board will receive regular reports for the delegated functions from Borders Health Board and Scottish Borders Council on the delivery of integrated services and issue directions in response to those reports to ensure improved performance as required.

2 Directions

- 2.1 Within section 4 of the Health and Social Care Integration Scheme for the Scottish Borders, the local arrangements through which operational delivery of the services related to the functions delegated to the Integration Joint Board are defined. Section 4.1 of the Scheme states that “as per Section 26 of the Act, the Integration Joint Board will give direction to Borders Health Board and Scottish Borders Council to carry out each function delegated to it.”
- 2.2 The Integration Joint Board Directions to Scottish Borders Council and Borders Health Board are set out below in relation to the delivery of health and social care services in 2016-17, to support the delivery of the first year of the Strategic Plan.
- 2.3 Scottish Borders Council and Borders Health Board are directed to continue to deliver services pursuant to the functions delegated to the Integration Joint Board in line with the Integration Joint Board’s Strategic Plan and notional budgets for 2016-17 as advised by the Chief Officer, pending any further directions from the Integration Joint Board, its committees or the Chief Officer on its behalf acting under delegated authority.

NHS Borders

- 2.4 At 1st April 2016, the services relating to the functions that will be delivered by Borders Health Board, together with the resources available to support this delivery will be:

	2016/17
	£'000
NHS Borders	
Learning Disability	3,599
Mental Health	14,015
GP Prescribing	22,437
General Medical Services	16,933
Non-Cash Limited Service	5,524
Other Generic Primary & Community Services	24,845
	87,353

- 2.5 At 1st April 2016, the services relating to the functions that will be delivered by Scottish Borders Council, together with the resources available to support this delivery will be:

	£'000
Scottish Borders Council	
Adults with Learning Disabilities	14,674
Older People	28,116
Generic Services	3,659
People with Mental Health Needs	2,168

People with Physical Disabilities

3,180

51,797

- 2.6 It should be noted that within the above resource envelope, £5.267m pertains to an allocation of social care funding from Borders Health Board to fund health and social care expenditure in 2016/17. The direction of this funding is the responsibility of the Integration Joint Board (IJB) and both Borders Health Board and Scottish Borders Council should be aware that further direction over the use of this funding will be made during early 2016/17 and accordingly, should remain uncommitted by Scottish Borders Council. The funding will be utilised by the IJB in line with the John Swinney letter of 27th January 2016. The funding may require to be transferred between SBC and other organisations/parties depending on any decisions by the IJB on how the currently uncommitted balance would be utilised.

Efficiency and Other Savings

- 2.7 The level of resources delegated by both Borders Health Board and Scottish Borders Council is predicated on the delivery of efficiency and other savings plans during 2016/17. Within the revenue financial plans of both organisations specifically, the following savings require delivery in 2016/17:

Borders Health Board Savings	2016/17 £'000 recurring	2016/17 £'000 n/recurring	2016/17 £'000 total
Nursing Skill Mix Review	(93)	0	(93)
Non Support Service Admin	(118)	0	(118)
Supplies Uplift 2016/17	(235)	0	(235)
Travel Costs	0	(95)	(95)
Suspend Clinical Excellence Fund 2016/17	0	(186)	(186)
Clinical Productivity	(750)	0	(750)
Borders Wide Day Hospitals Review	(200)	0	(200)
Drugs & Prescribing	(600)	0	(600)
Review Step Down Facilities	(200)	(350)	(550)
Improving Pathway of Care	(640)	0	(640)
MH & LD Management Costs	(100)	0	(100)
AHP Models of Care	(100)	0	(100)
Review Public Health	0	(150)	(150)
Other Schemes	(100)	0	(100)
Total Savings Proposed	(3,136)	(781)	(3,917)
Target Savings	3,261	979	4,239
Net (deficit)/surplus	(125)	(198)	(322)
Ring-fenced Allocations	(471)	0	(471)
Total savings (deficit)/surplus on delegated budget	(596)	(198)	(793)

Scottish Borders Council Savings

	2016/17 £'000 recurring	2016/17 £'000 n/recurring	2016/17 £'000 total
Supporting Independence when providing Care at Home	(316)	0	(316)
Further contribution of surplus from SB Cares	(547)	0	(547)
Reduction in the costs of Commissioning	(378)	0	(378)
Residential and Home Care Efficiencies and Income	(235)	0	(235)
Assessment and Care Management	(100)	0	(100)
Staffing	(300)	0	(300)
Adults with Learning Disabilities Efficiencies	(549)	0	(549)
Older People Efficiencies	(234)	0	(234)
Other	(4)	0	(4)
	(2,663)	0	(2,663)

2.8 £793k of savings require further identification and the IJB will work in conjunction with both organisations to identify and deliver further plans to address the current gap. This may result in the requirement to issue of further directions during the financial year.

2.9 Both organisations will deliver the above savings plans during 2016/17. Should plans be undelivered the Scheme of Integration states:-

8.6.2 The Chief Officer of the Integration Joint Board will deliver the agreed outcomes within the total agreed delegated resources. Where there is a forecast outturn overspend against an element of the operational budget the Chief Officer and the Chief Financial Officer of the Integration Joint Board must agree a recovery plan to balance the overspending budget with the relevant finance officer of the constituent authority. The recovery plan will need to be approved by the Integration Joint Board.

8.6.3 Should the recovery plan be unsuccessful the Integration Joint Board may request that the payment from Borders Health Board and Scottish Borders Council be adjusted, to take account of any revised assumptions. It will be the responsibility of the authority who originally delegated the budget to make the additional payment to cover the shortfall.

2.6 These Directions are in line with the guidance that has been issued by the Scottish Government in relation to the Act. Further Directions may be issued, if required by the IJB during each year, which will supersede any previously issued Directions.

2.7 The IJB is asked to approve these Directions to enable them to be issued to the appropriate bodies.

Breakdown of Costs for Other Generic Primary & Community Services

	2016/17 £'000
Joint Alcohol and Drug Service	
D & A Commissioned Services	621
D & A Team	128
Generic Services	
Community Hospitals	4,802
AHP Services	5,658
Community Nursing ex HV/SN	4,387
BAES	250
GP Out of Hours	2,131
Sexual Health	558
Continence Services	441
Smoking Cessation	209
Primary & Community Management	1,684
Health Promotion	438
Public dental services	3,479
Resource Transfer	2,609
Integrated Care	2162
Social Care Fund	
Total	<u>29,555</u>
Savings Requirement 2016/17	
- Reductions to Ring Fenced Allocations	(316)
- Public Dental Services	(155)
- Proportional Share Efficiency Target (11.451m)	(4,239)
Other Generic Primary & Community Services	<u>24,845</u>

Health and Social Care Integration

Good Practice Note

Directions from Integration Authorities to Health Boards and Local Authorities

March 2016

Introduction – the wider context for directions

1.1 The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) places a duty on Integration Authorities to develop a “strategic plan” (also known as a strategic commissioning plan) for integrated functions and budgets under their control.

1.2 Each Integration Authority must produce a strategic commissioning plan that sets out how they will plan and deliver services for their area over the medium term, using the integrated budgets under their control. Stakeholders must be fully engaged in the preparation, publication and review of the strategic commissioning plan, in order to establish a meaningful co-productive approach, to enable Integration Authorities to deliver the national outcomes for health and wellbeing, and achieve the core aims of integration.

1.3 Integration Authorities require a mechanism to action their strategic commissioning plans, and this is laid out in sections 26 to 28 of the Act. This mechanism takes the form of binding¹ directions from the Integration Authority to one or both of the Health Board and Local Authority.

1.4 In the case of an Integration Joint Board (IJB), a direction must be given in respect of every function that has been delegated to the IJB². Where the lead agency model is used, the Integration Authority *may* issue directions or may carry out functions itself.

1.5 In either case, a direction must set out how each integrated health and social care function is to be exercised, and the budget associated with that.

2 Form and content of directions

2.1 Directions must be in writing³ and should set out a clear framework for operational delivery of the functions that have been delegated to the Integration Authority.

2.2 Directions must clearly identify which of the integrated health and social care functions⁴ they relate to. The Integration Authority can direct the carrying out of those functions by requiring that a particular named service or services be provided. Where appropriate, the same document can be used to give directions to carry out multiple functions.

2.3 Directions must include detailed information on the financial resources that are available for carrying out the functions that are the subject of the directions, including the allocated budget and how that budget (whether this is payment, or an amount made available) is to be used⁵.

¹ Section 27(4).

² Section 26(1). This requirement may be removed or varied in relation to a particular Integration Joint Board if an application under section 27(7)(a) is made by the Health Board and Local Authority for the area of the Integration Joint Board.

³ Section 27(5)(b)

⁴ The functions that have been delegated by the Local Authority and Health Board, as described in the relevant Integration Scheme.

⁵ Section 27(1)(a),(b) and (c)

2.4 The exercise of each function can be described in terms of delivery of services, achievement of outcomes, and/or by reference to the strategic commissioning plan.

2.5 Directions may stipulate which of the health board or local authority is to carry out a particular function, or may require a function to be carried out jointly. The direction may also specify what the health board and/or local authority is to do in relation to carrying out a particular function.

2.6 The financial resource allocated to each function in a direction is a matter for the Integration Authority to determine. The Act makes particular provision in relation to the allocation of budgets for the sum “set aside” in relation to large hospital functions⁶, which gives flexibility for the Integration Authority to direct how much of the sum set aside is to be used for large hospital services and for the balance to be used for other purposes.

3 Process for issuing and revising directions

3.1 A direction will remain in place until it is varied, revoked⁷ or superseded by a later direction in respect of the same function.

3.2 The legislation does not set out fixed timescales for directions. This flexibility allows directions to ensure that delivery of integrated health and social care functions is consistent with the strategic commissioning plan, and takes account of any changes in local circumstances. In contrast with the strategic commissioning plan, there is therefore scope for directions to include detailed operational instructions in relation to particular functions (and the associated services).

3.3 Directions issued at the start of the year should be subsequently revised during the year in response to developments.

3.4 For example, should an overspend be forecast on either of the operational budgets – for health or social care services provided by the Health Board and Local Authority – the Chief Officer will need to agree a recovery plan to balance the overspending budget (in line with the provisions in the Integration Scheme and statutory guidance⁸ for finance under integration). This may require an increase in the payment to either the Health Board or Local Authority, funded by either:

- Utilising an underspend on the other arm of the operational integrated budget to reduce the payment to that body; and/or
- Utilising the balance on the general fund, if available, of the IJB.

3.5 A revision to the directions will be required in either case.

⁶ Section 28, which allows the integration authority to allocate a “specified amount” of the set-aside budget, but requires top-up payments should additional resource be required.

⁷ Section 27(5)(a)

⁸ <http://www.gov.scot/Resource/0048/00480494.pdf>